

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10630559  
 APPLICANT(S) \_\_\_\_\_

FILING DATE 11

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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25						
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54	1					
55	1					
56						
57						
58						
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98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	